

CLINICAL DATE: 09/20/2019

Patient's Age: 13 8  
Year's months

Weight (in kg): 81.4 kg

BMI 32.7

Allergies/Sensitivities to medications, foods, contact, environmental, etc. Include reactions: No known drug allergies

Chief Complaint (Reason for admission): Abdominal pain

Admit date: 09/19/2019

Other co-existing conditions: N/A

**History of Present Illness (What events led up to this child being admitted to the hospital, etc.):**

Patient is a thirteen-year-old female that presents to the ED from home with complaints of abdominal pain accompanied with nausea and vomiting. Patient states she was awakened at 0200 by severe diffused abdominal pain. Upon arrival to the ED, patient states pain had settled into right lower quadrant. Patient is afebrile and denies any dysuria or flank pain. A CT scan of the abdomen was performed and showed acute appendicitis. Review of systems is otherwise negative.

**Pertinent Events during this Admission and Hospitalization (IV starts, lab test, etc.):**

- 22 gauge IV in the LFA dated 09/19/2019
- Laboratory results unremarkable (CBC w/ diff, CMP, Urinalysis, Lipase, Magnesium, Pregnancy)
- Abdominal CT scan showed acute appendicitis
- Appendectomy performed on 09/20/2019

**Past Medical & Surgical History** (illnesses, hospitalizations, immunizations, birth history-any complications?)

Medical History: Patient is up to date on all vaccinations

- Anxiety
- Hypertrophy of tonsils and adenoids

Surgical History:

- Nasal/sinus endoscopy
- Tonsillectomy and adenoidectomy, 10/02/2015

Child's diagnosis: Acute Appendicitis

Etiology of disease process (what causes it): Acute appendicitis occurs when the appendix gets obstructed. Hard stools or trauma could be the reason for the blockage.

**Pathophysiology: (What is the pathophysiology of this disease and what goes on in the body as a result of this disease? Put in your own words & site reference):**

Appendicitis is the termed used to describe an inflamed/infectious appendix. This is most commonly caused by an obstruction. The blockage is believed to lead to bacterial overgrowth and luminal distention (Sorenson, Quinn, & Klein, 2017). Increased inflammation can cause vascular compromise to the tissue.

Clinical manifestations of Appendicitis include: right lower quadrant pain, tenderness, nausea or vomiting, increased white blood cell count, and a low grade fever (Hinkle & Cheever, 2018). Diagnosis of Appendicitis can be confirmed by an abdominal CT scan or ultrasound. Once confirmed, treatment includes intravenous fluids, electrolyte replacement, antibiotics, and surgery.

**Reference:**

Hinkle, J. L. & Cheever, K. H. (2018). *Brunner & Suddarth's Textbook of Medical Surgical Nursing*. (14<sup>th</sup> ed.). Philadelphia, PA: Wolters Kluwer

Sorenson, M., Quinn, L., & Klein, D. (2017). *Pathophysiology Concepts of Human Disease*. Hoboken, NJ: Pearson

**Clinical Manifestations of the disease (circle those exhibited by your patient) – include lab values, tests, etc:**

Clinical manifestations of acute Appendicitis include: **Right lower quadrant pain, nausea, vomiting**, loss of appetite, low grade fever, constipation, **diarrhea**, abdominal bloating, and flatulence.

Laboratory results were unremarkable in this patient.

**Vital Signs:**

Temperature: 36.7 C (36.5-37.5 C)

Heart rate: 71 BPM (60-100BPM)

Respiratory rate: 18 BPM (12-20 BPM)

Blood pressure: 106/57 (100/60-120/80)

Oxygen: 98% RA (95-100%)

Reference: Hinkle, J. L. & Cheever, K. H. (2018). *Brunner & Suddarth's Textbook of Medical Surgical Nursing*. (14<sup>th</sup> ed.). Philadelphia, PA: Wolters Kluwer

**Intake/Output: (IV, PO, Out & Deficits)**

Intake: + 694.05 mL of D5- 0.45% NaCl w/ KCl 20 meq

Output: No documented output

**Clinical Day Evaluation Data – Head to toe physical assessment (Do not use WNL or WDL):**

HEAD: Normocephalic; no noted deviations

EARS: No abnormal drainage; normal hearing to voices

EYES: PERRLA noted; EOMI intact

NOSE: No septal deviation; patent

TEETH: Oral mucosa is pink and moist

CARDIOVASCULAR: S1, S2 auscultated; NSR; no noted rubs or murmurs; peripheral pulses +2

RESPIRATORY: No accessory muscle use; clear lung sounds auscultated bilaterally; no shortness of breath  
 INTEGUMENTARY: Skin is pink, warm and dry; no noted rash, scars, or bruises  
 GENITOURINARY: Urine is yellow in color and has no sediments; no dysuria; no noted odor  
 GASTROINTESTINAL: NPO; no noted ascites; bowel sounds present in all four quadrants; positive for tenderness and pain upon palpation, nausea and vomiting, and diarrhea

**Pain History & assessment: Type, location, intensity & timing, precipitating factors, relief measures/interventions, rating scale used, physiological and/or behavioral signs, evaluation of pain status after medication is given:**

Patient complains of right lower quadrant pain. Patient express facial grimacing and abdominal guarding during abdominal assessment. Patient rates pain 3 out of 10 on the numeric pain scale. Patient describes pain as dull and constant. Patient states repositioning sides alleviates the pain and refuses pharmacologic intervention at this time. Will continue to monitor.

All laboratory results from 09/19/2019

TEST	NORMAL (specific for age)	Prior	Clinical Day	Correlation to current health status & comment on trending (comment only on abnormal lab results)
RBCs	3.93-4.90	4.75		
Hgb	10.8-13.3	12.9		
Hct	33.4-40.4	40.1		
MCV	76.9-90.6	88.0		
MCH	24.8-30.2	29.5		
MCHC	34.5-34.2	33.5		
WBCs	4.19-9.43	7.68		
Neutrophils	1.82-7.47	3.54		
Eosinophils	0.02-0.32	0.21		
Basophils	0.01-0.05	0.02		
Monocytes	0.19-0.72	0.88		
Lymphocytes	1.16-3.33	3.02		
Platelets	164-345	317		
TEST	NORMAL (specific for age)	Prior	Clinical Day	Correlation to current health status & comment on trending
Glucose	60-99	96		
Na <sup>+</sup>	136-145	141		
Cl <sup>-</sup>	98-107	107		
K <sup>+</sup>	3.5-5.1	3.5		
Ca <sup>++</sup>	8.5-10.1	9.8		
Phosphorus	54-369	147		
Albumin	3.4-5.0	4.1		
Total Protein	6.4-8.2	7.7		

BUN	7-18	7		
Creatinine	0.55-1.02	0.60		
TEST	NORMAL (specific for age)	Prior	Clinical D ay	Correlation to current health status & comment on trending
Liver Function Tests	AST (15-37) ALT (12-78)	17 30		
Urinalysis	See comment section	See comment section		Urinalysis resulted negative for protein, glucose, ketones, bilirubin, nitrites, and Leukoesterase
Urine specific gravity	1.003-1.035	1.017		
Urine pH	5.0-7.0	6.0		
Creatinine clearance	< 1.0			
<b>Other Labs:</b>				

Reference: Normal laboratory ranges are from EPIC computer system

**Diagnostic Studies:**

TEST & RESULTS	Correlation to current health status (if abnormal)
Chest x-ray:	
CT Scan/MRI:	Abdominal CT scan confirmed diagnosis of Acute Appendicitis.
Biopsy/Scope:	
Cultures:	
Other:	

**List of active orders on this patient:**

ORDER	COMMENTS/RESULTS/COMPLETION
Activity:	Up with 1 assist
Diet/Nutrition:	NPO
Frequent Assessments:	Pain assessment Vital signs Focused abdominal assessment
Labs/Diagnostic Studies:	Abdominal CT scan confirmed acute Appendicitis Laboratory results unremarkable
Treatments:	Appendectomy scheduled for 09/20/2019 Zosyn ordered

<b>New Orders for Clinical Day</b>	
<b>ORDER</b>	<b>COMMENTS/RESULTS/COMPLETION</b>
Appendectomy scheduled 09/20/2019	

**Teaching & Learning:** Identified teaching need (be specific): Post-op Appendectomy care

Summarize your teaching (prioritization in care, methods used, materials used, time to provide, etc.):

Patients that undergo an Appendectomy must take precautions once they are discharged from the hospital. Diet recommendations, home care, and when to call their healthcare provide must be topics of discussion. First, patients should follow a bland, low-fat diet upon returning home. Next, patients should maintain adequate fluid intake. Instructions on suture care, bathing, and activity restrictions should all be provided to the patient. Lastly, patients should be educated on the signs and symptoms of post-operative infection. Materials should include handouts that patients can take home with them and look at for reference. I would educate this client when a parent is present. I would utilize the teach back method to ensure comprehension of the material.

Evaluation of your teaching (establish expected outcomes and describe if met; effectiveness of materials/approach, what next?):

Unable to provide/evaluate teaching. Patient underwent surgery during clinical rotation.

**Developmental Assessment:** Be sure to **HIGHLIGHT** the achievements of any milestone if noted in your child. Be sure to circle any use of diversional activity if utilized during clinical. There should be a minimum of 3 descriptors under each heading.

**Age Appropriate Growth & Developmental Milestones**

1. Pubic hair and breast growth
2. Onset of menses
3. More concerned with body image

**Age Appropriate Diversional Activities**

1. Playing sports
2. Helping with household chores (ex. walking the dog, mowing the lawn)
3. Music therapy

**Psychosocial Development:**

Which of Erikson’s stages does this child fit?

Stage 5: Ego identity vs. Role confusion

What behaviors would you expect?

- Lack of confidence
- Questioning sexuality
- Conflict with parents or teachers

What did you observe?

Patient was self-conscious about body image.

**Cognitive Development:**

Which stage does this child fit, using Piaget as a reference?

Formal operations stage

What behaviors would you expect?

Patient uses logical thought, deductive reasoning, and abstract thinking

What did you observe?

Patient understands diagnosis and how it will affect her lifestyle. Patient understands why nursing interventions are being implemented.

**Vocalization/vocabulary:**

Development expected for child's age and any concerns?

Vocalization/vocabulary is appropriate for age and developmental level. There are no immediate concerns at this time.

**Any concerns regarding growth and development?**

There are no immediate concerns regarding this patient's growth and development

Reference: Ricci, S., Kyle, T. & Carmen, S. (Eds). (2017). *Maternity and Pediatric Nursing*. Philadelphia, PA: Wolters Kluwer

**Potential Complications that can occur because of this disease/disorder:**

Potential Complication	Signs/Symptoms	Preventative Nursing Actions
1. Peritonitis	<ul style="list-style-type: none"><li>Abdominal pain</li><li>Tenderness</li><li>Board-like/rigid abdomen</li><li>Fever</li><li>Diarrhea</li><li>Nausea and vomiting</li><li>Fever</li></ul>	<ol style="list-style-type: none"><li>Keep patient NPO</li><li>Monitor vital signs</li><li>Monitor intake and output</li><li>Note changes in the level of consciousness</li><li>Do not apply heat to RLQ</li><li>Frequent abdominal assessments</li></ol>

2. Bleeding	<ul style="list-style-type: none"><li>• Abdominal pain</li><li>• Shortness of breath</li><li>• Tachycardia</li><li>• Hypotension</li><li>• Bruising</li><li>• Dizziness</li><li>• Chest pain</li></ul>	<ol style="list-style-type: none"><li>1. Monitor blood studies</li><li>2. Monitor vital signs</li><li>3. Check stool for occult blood</li><li>4. Assess skin for petechiae, hematoma etc.</li><li>5. Obtain health history for bleeding</li></ol>
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Reference: Hinkle, J. L. & Cheever, K. H. (2018). *Brunner & Suddarth's Textbook of Medical Surgical Nursing*. (14<sup>th</sup> ed.). Philadelphia, PA: Wolters Kluwer

## Nursing Care Plan

Nursing Diagnosis <b><u>Prioritize-most important to least</u></b>	Outcomes (Patient/Family will: ..... and <b>give time line</b> ) <b>(MUST BE MEASURABLE)</b>	Nursing Interventions <b><u>With rationale</u></b> <b>(At least 2 nursing interventions per outcome)</b>	Evaluation of <b><u>EACH</u></b> outcome
<p>Risk for infection</p> <p><u>Related to:</u></p> <p>Surgical incision</p> <p>AEB (as evidenced by):</p>	<p>1. Client will identify 3 ways to prevent or reduce the risk of infection by the end of the shift</p> <p>2. Patient will be free of signs of infection purulent drainage, erythema, and fever for the remainder of the shift</p>	<p>1. Educate client on the importance of hand hygiene. This is significantly reduces the risk of spreading bacteria.</p> <p>2. Educate client on risk factors for developing infection.</p> <p>1. Monitor vital signs. Fever, chills, changes in mental status, reports of increasing abdominal pain are all indicative of infection</p> <p>2. Inspect incision and dressing for signs and symptoms of infection</p>	<p>Outcomes Met/ Partially met/ Not met (with Explanation)</p> <p>1. Not met. Patient unable to meet outcome due to being sedated for surgery. Patient was tired and hard to awake for questioning.</p> <p>2. Outcome met. Patient remained free from signs of infection during shift. Incision and dressing was dry and intact.</p> <p>What next?</p> <p>Patient will continue to be monitored for infection. When sedation has worn off, patient can be questioned about reducing the risk of infection.</p>

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**Nursing Care Plan**

Nursing Diagnosis <b><u>Prioritize-most important to least</u></b>	Outcomes (Patient/Family will: ..... and give time line) <b>(MUST BE MEASURABLE)</b>	Nursing Interventions <b><u>With rationale</u></b> <b>(At least 2 nursing interventions per outcome)</b>	Evaluation of <b><u>EACH</u></b> outcome
<p>Acute pain</p> <p><u>Related to:</u></p> <p>Presence of surgical incision</p> <p><u>AEB (as evidenced by):</u></p> <p>Reports of pain, facial grimacing, and abdominal guarding</p>	<p>1. Patient will report pain is relieved/controlled 1 hour after interventions</p> <p>2. Patient uses pharmacological and nonpharmacological pain relief strategies throughout the day</p>	<p>1. Assess pain characteristics. This is used to plan pain management strategies. Numeric pain scales can be used to identify the extent of pain.</p> <p>2. Assess for signs and symptoms of pain. Some people deny the presence of pain. Monitoring vitals and assessing body language can help the nurse to evaluate pain.</p> <p>1. Assess the patient's willingness to explore different techniques aimed at controlling pain. Some patients may not be open to trying alternative therapies for pain.</p> <p>2. Assess the patient's expectation for pain relief. Some patients are content with decreased pain, while others want complete elimination.</p>	<p>Outcomes Met/ Partially met/ Not met (with explanation)</p> <p>1. Outcome met. Patient stated pain was a 3 out of 10 after repositioning in bed.</p> <p>2. Outcome met. In addition to pharmacologic interventions, patient also utilized repositioning and music therapy to relieve pain.</p> <p>What next?</p> <p>The patient will be monitored frequently for changes in pain level. Nonpharmacologic and pharmacologic interventions will be</p>

			utilized.
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Reference: Gulanick, M. & Myers, J. L. (2014). *Nursing Care Plans*. (8<sup>th</sup> ed.). Philadelphia, PA: ELSEVIER

## N433 Medication Form

Patient Initials: K. M.

Patient Age: 13 years old

Patient Weight (in kg): 81.4 kg

Scheduled Medications				
<b>Medication</b> <b>Trade &amp; Generic Names,</b> <b>Pharmaceutical Class</b> <b>Action of the medication</b> (how does the medication work in the body <b>in your own words</b> )	<b>Dose, route, &amp; frequency ordered for this patient</b>	<b>Concentration Available</b>  <b>Why is this pt. taking this?</b>	<b>Calculate the safe dose ranges by what is given as a safe dose times the child's weight. Do this for a 24 hour period. (Show Calculations)</b>  <b>Is this dose safe for this pt.?</b>	<b>Nursing Considerations</b> (at least 3 & must be appropriate for this patient, & include any labs that need to be done to monitor pt. while taking this medication) <b>Contraindications</b> <b>Common side effects</b>
Tylenol (acetaminophen)  <u>Pharmaceutical Class:</u>  Analgesic/antipyretic  <u>Mechanism of Action:</u>  Blocks pain impulses by reducing production of prostaglandins	<u>Dose:</u>  650 mg  <u>Route:</u>  Oral  <u>Frequency:</u>  Q4, PRN	<u>Concentration:</u>  325 mg tablets  <u>Why?</u>  Mild or moderate pain or fever	The maximum dose of acetaminophen is 4g/day  Patient medications are using adult dosing  No calculations needed  Yes, this is a safe dose	<u>Nursing Considerations:</u>  1. Assess hepatic studies (ex. AST, ALT) 2. Assess renal studies (ex. BUN) 3. Monitor blood studies (ex. CBC)  <u>Contraindications:</u>  1. Hypersensitivity to this product or phenacetin 2. Alcoholism 3. Hepatic disease  <u>Common side effects:</u>  1. Nausea 2. Vomiting 3. Abdominal pain
D5- 0.45% NaCl w/ KCl 20 meq (dextrose monohydrate, sodium chloride, and potassium chloride)  <u>Pharmaceutical Class:</u>	<u>Dose:</u>  1000 mL  <u>Route:</u>	<u>Concentration:</u>  1000mL  <u>Why?</u>	N/A  Yes, this is a safe dose	<u>Nursing considerations:</u>  1. Monitor IV site 2. Monitor electrolytes 3. Assess lung sounds

<p>Potassium replacement</p> <p><u>Mechanism of Action:</u> Restore blood glucose levels and provide calories</p>	<p>Intravenous</p> <p><u>Frequency:</u> Continuous</p> <p><u>Rate:</u> 125mL/hour</p>	<p>Replenishment of fluid, calories, and electrolytes</p>		<p><u>Contraindications:</u></p> <ol style="list-style-type: none"> <li>1. Allergy to corn or corn products</li> </ol> <p><u>Common side effects:</u></p> <ol style="list-style-type: none"> <li>1. Hypervolemia</li> <li>2. Infection at the injection site</li> <li>3. Extravasation</li> </ol>
<p>Fentanyl (Fentanyl citrate)</p> <p><u>Pharmaceutical Class:</u> Opioid analgesic</p> <p><u>Mechanism of Action:</u> Inhibits ascending pain pathways in the central nervous system (CNS), increases pain threshold, and alters pain perception</p>	<p><u>Dose:</u> 1 mL</p> <p><u>Route:</u> IV push</p> <p><u>Frequency:</u> Q4, PRN</p>	<p><u>Concentration:</u> 0.05mg/mL</p> <p><u>Why:</u> Moderate to severe pain</p>	<p>There is no maximum dose of IV fentanyl</p> <p>Yes, this is safe dose</p>	<p><u>Nursing Considerations:</u></p> <ol style="list-style-type: none"> <li>1. Monitor for CNS changes (ex. dizziness, drowsiness, hallucinations)</li> <li>2. Assess vital signs</li> <li>3. Monitor hepatic/renal function tests</li> </ol> <p>Contraindications:</p> <ol style="list-style-type: none"> <li>1. Hypersensitivity to opiates</li> <li>2. Myasthenia gravis</li> </ol> <p>Common side effects:</p> <ol style="list-style-type: none"> <li>1. Respiratory depression</li> <li>2. Dizziness</li> <li>3. Delirium</li> <li>4. Weakness</li> <li>5. Hypotension</li> </ol>

<b>Medication</b> <b>Trade &amp; Generic Names,</b> <b>Pharmaceutical Class</b> <b>Action of the medication</b> (how does the medication work in the body <b>in your own words</b> )	<b>Dose, route, &amp; frequency ordered for this patient</b>	<b>Concentration Available</b>  <b>Why is this pt. taking this?</b>	<b>Calculate the safe dose ranges by what is given as a safe dose times the child's weight. Do this for a 24 hour period. (Show Calculations)</b>  <b>Is this dose safe for this pt.?</b>	<b>Nursing Considerations</b> (at least 3 & must be appropriate for this patient, & include any labs that need to be done to monitor pt. while taking this medication) <b>Contraindications</b> <b>Common side effects</b>
Flonase (fluticasone propionate)  <u>Pharmaceutical Class:</u>  Nasal anti-inflammatory steroid  <u>Mechanism of Action:</u>  Decreases inflammation by inhibiting mast cells, macrophages, and leukotrienes	<u>Dose:</u>  2 sprays  <u>Route:</u>  Inhalant  <u>Frequency:</u>  Once daily	<u>Concentration:</u>  50 mcg/actuation  <u>Why:</u>  Allergy symptoms	N/A  Yes, this is a safe dose	<u>Nursing Considerations:</u>  1. Assess respiratory status 2. Assess for signs and symptoms of adrenal insufficiency 3. Teach client to rinse mouth after use to decrease risk of oral candidiasis  <u>Contraindications:</u>  1. Hypersensitivity to this product 2. Primary treatment in status asthmaticus 3. Acute bronchospasm  <u>Common side effects:</u>  1. Pharyngitis 2. Oral candidiasis 3. Upper respiratory infection
Zofran (Ondansetron HCl)  <u>Pharmaceutical Class:</u>  Antiemetic  <u>Mechanism of Action:</u>  Prevents nausea and vomiting by blocking serotonin	<u>Dose:</u>  2 mL  <u>Route:</u>  IV push  <u>Frequency:</u>  Q8, PRN	<u>Concentration:</u>  2mg/mL  <u>Why?</u>  Nausea and vomiting	The maximum dose of Zofran is 8g/day  Patient's medication are using adult dosing  No calculations needed  Yes, this is a safe dose	<u>Nursing Considerations:</u>  1. Assess for absence of symptoms (Nausea and vomiting) 2. Monitor EKG for QT prolongation 3. Monitor for hypersensitivity reaction  Contraindications:  1. Hypersensitivity  Common side effects:

				<ol style="list-style-type: none"> <li>1. Headache</li> <li>2. Dizziness</li> <li>3. Drowsiness</li> <li>4. Diarrhea</li> </ol>
<p>Zosyn (Piperacillin-tazobactam)</p> <p><u>Pharmaceutical Class:</u> Penicillin antibiotics</p> <p><u>Mechanism of Action:</u> Interferes with cell wall replication of susceptible organisms</p>	<p><u>Dose:</u> 100 mL</p> <p><u>Route:</u> IVPB</p> <p><u>Frequency:</u> Q8</p> <p><u>Rate:</u> 200mL/hour</p>	<p><u>Concentration:</u> 4 g piperacillin/0.5 g tazobactam</p> <p><u>Why?</u> Acute appendicitis</p>	<p>The maximum dose of Zosyn is 18g/day</p> <p>The patient's medications are using adult dosing</p> <p>No calculations are needed</p> <p>Yes, this dose is safe</p>	<p><u>Nursing considerations:</u></p> <ol style="list-style-type: none"> <li>1. Assess infection (ex. temperature, stools, urine, wounds)</li> <li>2. Monitor hepatic studies (ex. AST, ALT)</li> <li>3. Monitor blood studies (ex. WBC, RBC)</li> </ol> <p><u>Contraindications:</u></p> <ol style="list-style-type: none"> <li>1. Hypersensitivity</li> <li>2. Neonates</li> <li>3. Carbapenem allergy</li> </ol> <p><u>Common side effects:</u></p> <ol style="list-style-type: none"> <li>1. Nausea</li> <li>2. Vomiting</li> <li>3. Diarrhea</li> <li>4. Increased ALT, AST</li> <li>5. Anemia</li> </ol>
<p>Zoloft (Sertraline)</p> <p><u>Pharmaceutical Class:</u> Serotonin selective reuptake inhibitor (SSRI)</p> <p><u>Mechanism of Action:</u> Inhibits serotonin reuptake in the CNS</p>	<p><u>Dose:</u> 50 mg</p> <p><u>Route:</u> Oral</p> <p><u>Frequency:</u> Q4, PRN</p>	<p><u>Concentration:</u> 50 mg tablets</p> <p><u>Why?</u> Anxiety</p>	<p>The maximum dose of Zoloft is 200 mg/day</p> <p>The patient's medications are using adult dosing</p> <p>No calculations are needed</p> <p>Yes, this dose is safe</p>	<p><u>Nursing considerations:</u></p> <ol style="list-style-type: none"> <li>1. Monitor for signs and symptoms of Serotonin Syndrome</li> <li>2. Monitor for signs and symptoms of bleeding</li> <li>3. Assess vital signs frequently for hypotension</li> </ol> <p><u>Contraindications:</u></p>

				<p>1. Hypersensitivity to this product or SSRI's</p> <p><u>Common side effects:</u></p> <ol style="list-style-type: none"><li>1. Insomnia</li><li>2. Agitation</li><li>3. Tremors</li><li>4. Nausea</li><li>5. Vomiting</li><li>6. Diarrhea</li></ol>
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Reference: Skidmore, L. (2018). *Mosby's 2018 Nursing Drug Reference*, (31<sup>st</sup> ed.). St. Louis, MO: ELSEVIER

## N433 CARE PLAN GRADING RUBRIC FOR HOSPITAL

Name: \_\_\_\_\_

Date \_\_\_\_\_

Grade \_\_\_\_\_

Section	Definition	Possible Points	Final Points
<b>Age/Weight/BMI</b>	Age is written in years & months. Weight is calculated in kilograms. BMI is written correctly	1	
<b>Allergies &amp; reaction to each</b>	Allergies/sensitivities to food, contact, environmental. Include reactions	2	
<b>Chief Complaint/Medical Diagnosis/Co-existing Conditions</b>	Chief complaint, reason for admission, current primary diagnosis. Are there any other health/medical co-morbidities?	3	
<b>History of Present Illness</b>	Describe what has happened to the child that caused this child to be admitted	5	
<b>Pertinent Events during this Admission</b>	i.e., Surgery, instability during hospitalization, diagnostic tests, IV starts, procedures	1	
<b>Past Medical &amp; Surgical History</b>	Past surgeries, previous health issues and diagnoses	2	
<b>Pathophysiology</b>	Explain in your own words the pathophysiology of the current, primary diagnosis. If a resource is used, please site the reference.	5	
<b>Vital Signs and I &amp; O</b>	All vital signs and document normal vital signs for child's age. <b>All</b> I & O is documented with deficits	2	
<b>Clinical Day Evaluation</b>	Head to toe physical assessment with comments (DO NOT use WNL/WDL) & emphasis on systems affected by chief complaint/medical diagnosis.	8	
<b>Pain Assessment</b>	OLDCART, pain rating and pain scale used	2	
<b>Lab Tests</b>	Labs day of clinical and prior tests (trend them if numerous test). Give rationale for abnormal lab tests.	2	
<b>Diagnostic Studies</b>	X-rays, biopsies, EKG, CT scans, MRI, scopes, cultures, etc.	2	
<b>Patient Orders Clinical Day</b>	Activity, diet, assessments, labs/studies, treatments, code status, etc.	1	
<b>Clinical Day new orders</b>	Activity, diet, assessments, labs/studies, treatments, code status, etc.	1	
<b>Teaching and learning</b>	Identify teaching need. Summarize teaching. Evaluate teaching.	3	
<b>Developmental Assessment</b>	3 Age appropriate growth and developmental milestones that should be expected for the child's age. 3 Age appropriate Divirisional/Distracton activities appropriate for child's age. Erikson's psychosocial development stage and behaviors expected for child's age. Piaget's cognitive development stage and behaviors expected for child's age. Vocalization/vocabulary development expected for child's age and is the child's language appropriate for that age. Any concerns regarding growth and development for the child.	6	
<b>Potential Medical Complications</b>	Complications that can occur because of primary medical diagnosis/disease/condition. Signs & Symptoms of complication. Preventative nursing actions.	6	

<b>Nursing Diagnosis # 1 Related to or AEB</b>	Nursing diagnosis is pertinent to patient condition/diagnosis. Reflects and supports current primary medical diagnosis R/T the pathophysiology for the current primary diagnosis/condition (not medical diagnosis). AEB: signs and symptoms that support the nursing diagnosis	4	
Expected Outcomes	Patient will/Family will.... and <u>must have a desired outcome timeline</u> . (Must be measurable, specific, & objective) (Ex: patient will ambulate around the nurse's station <b>once</b> during clinical or patient will verbalize <b>3</b> signs and symptoms of infection by the end of clinical day).	4	
Nursing Interventions	What nursing interventions will you do to support meeting the patient outcomes and give rationale for each intervention of why this intervention is important? (Need at least 2 interventions per outcome)	8	
Evaluations & What's Next	Goal met/partially met/not met, why or why not, what's next? (Explain your evaluation of outcomes met, partially met, or not met (i.e., patient/family was not able to verbalize 3 signs and symptoms of infection) What's next? (What is/are the next intervention/s for the patient/family to help them meet the intended outcome)?	3	
<b>Nursing Diagnosis #2 Related To and AEB (as evidenced by)</b>	Nursing diagnosis is pertinent to patient condition/diagnosis. Reflects and supports current primary medical diagnosis, <b>MUST</b> prioritize the most important nursing diagnosis to the least important R/T the pathophysiology for the current primary diagnosis/condition (not medical diagnosis). AEB: signs and symptoms that support the nursing diagnosis	4	
Expected Outcomes	Patient will/Family will.... and <u>must have a desired outcome timeline</u> . (Must be measurable, specific, & objective) (Ex: patient will ambulate around the nurse's station <b>once</b> during clinical or patient will verbalize <b>3</b> signs and symptoms of infection by the end of clinical day).	4	
Nursing Interventions	What nursing interventions will you do to support meeting the patient outcomes and give rationale for each intervention of why this intervention is important? (Need at least 2 interventions & rationale per outcome)	8	
Evaluations & What's Next	Goal met/partially met/not met, why or why not, what's next? (Explain your evaluation of outcomes met, partially met, or not met for each outcome (i.e., patient/family was not able to verbalize 3 signs and symptoms of infection) What's next? (What is/are the next intervention/s for the patient/family to help them meet the intended outcome)?	3	
<b>Medications</b>			
Scheduled & PRN	Trade/Generic name, Pharmacologic Class & Action of the medication. Indications for this patient.	3	
	Dose, Route, Frequency ordered for this patient	1	
	Concentration available and why is the child taking this medication	1	
	Calculate dose ordered times child's weight (give parameters for this medication if needed) and is this dose that's ordered safe for the child?	2	
	Three nursing considerations/implications for each medication specific to this patient and give Contraindications and Common Side Effects	3	
	<b>Total Points Possible</b>	<b>100</b>	

Total points for this care plan \_\_\_\_\_